

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Pape Reduction of o	1995, no person are required	to respond to a collection				control number	
Effective on 12/08	Complete if Known						
Fees pursuant to the Consolidated Approp	Application Num	7 (ppinoation realists)		09/600,888-Conf. #4637			
FEE TRANSMITTAL				August 15, 2000			
For FY 2	009				Kingo SUZUKI		
		Examiner Name			I. B. Trinh		
Applicant claims small entity sta	us. See 37 CFR 1.27	Art Unit	AROIR		2893		
TOTAL AMOUNT OF PAYMENT	(\$) 1,920.00	Attorney Docket	No.	SH-0246			
METHOD OF PAYMENT (check	all that apply)						
Check Credit Card	Check Credit Card Money Order None Other (please identify):						
X Deposit Account Deposit Account	Number: 18-0013	Deposit	Account Name	Rader, Fishm	nan & Gra	uer PLLC	
For the above-identified dep	osit account, the Director	is hereby authorize	ed to: (checl	k all that apply)			
X Charge fee(s) indicate	d below	Charg	e fee(s) indi	icated below, ex	cept for th	e filing fee	
Charge any additional fee(s) under 37 CFR 1	fee(s) or underpayments .16 and 1.17	of x Credit	any overpa	yments			
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND E	XAMINATION FEES						
F	LING FEES S Small Entity	EARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity			
Application Type Fee (Fee (\$)	Fee (\$)	Fees P	aid (\$)	
Utility 330		-	220	110			
Design 220	110 10	0 50	140	70			
Plant 220	110 33	0 165	170	85			
Reissue 330	165 54	0 270	650	325			
Provisional 220	110	0 0	, 0	0			
2. EXCESS CLAIM FEES			•			Small Entity	
Fee Description					Fee (\$)	Fee (\$)	
Each claim over 20 (including R	•				52	26	
Each independent claim over 3	including Reissues)				220	110	
Multiple dependent claims					390	195	
Total Claims Extra Claim	s Fee (\$)	Fee Paid (\$)		ultiple Depende			
HP = highest number of total claims paid for	x = or, if greater than 20.		<u>Fee</u>	<u>e (\$)</u> <u>F</u>	ee Paid (\$	2	
Indep. Claims Extra Claim		Fee Paid (\$)			<u>-</u>	_	
23 or HP =	_ x =						
HP = highest number of independent claim	s paid for, if greater than 3.						
3. APPLICATION SIZE FEE							
If the specification and drawing	s exceed 100 sheets	of paper (excluding	ng electron	ically filed seq	uence or	computer	
listings under 37 CFR 1.52(sheets or fraction thereof.				small entity) to	or each ac	iditional 50	
		n additional 50 or fra		Fee (\$)	Foo I	Paid (\$)	
	/50 =				=	aid (V)	
4. OTHER FEE(S)		(round up to a wife	olo fiuilibei) .	^ <u></u>		Paid (\$)	
Non-English Specification, \$	130 fee (no small enti	ty			1003	141	
Other (e.g., late filing surcharge):	1253 Extension for 1801 Request for co					10.00 0.00	
SUBMITTED BY							
Signature W		Registration No. (Attorney/Agent)	29,211	Telephone	(202) 95	5-3750	
Name (Print/Type) Carl Schaukowit	ch	,		Date	April 10	, 2009	

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Under the Paperwork person are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/600,888-Conf. #4637 Application Number FEE TRANSMITTAL August 15, 2000 Filing Date Kingo SUZUKI First Named Inventor For FY 2009 Examiner Name H. B. Trinh Applicant claims small entity status. See 37 CFR 1.27 2893 Art Unit **TOTAL AMOUNT OF PAYMENT** ISH-0246 1,920.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Rader, Fishman & Grauer PLLC x Deposit Account Deposit Account Number. 18-0013 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x | Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES** Small Entity **Small Entity** Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 540 270 220 110 165 Design 220 50 70 110 100 140 **Plant** 220 110 330 165 170 85 270 Reissue 330 165 540 650 325 220 0 O 0 Provisional 110 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims** Fee Paid (\$) **Multiple Dependent Claims** Extra Claims - 20 or HP Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 2 - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = _____ /50 = __ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity 1253 Extension for response within third month Other (e.g., late filing 1,110.00 1801 Request for continued examination (RCE) (see 37. surcharge): 810.00 SUBMITTED BY Registration No. 29,211 Telephone (202) 955-3750 Signature W Name (Print/Type) Carl Schaukowitch Date April 10, 2009

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AMENDMENT TRANSMITTAL LETTER					Docket No. ISH-0246		
Applicatio 09/600,888-Co		Filing I August 15		Examiner H. B. Trinh		Art Unit 2893	
Applicant(s): King			5, 2000	11. 5. 111111			
Applicant(s). Killy		11. 					
nvention: LIGHT	EMITTING DIC	DDE AND FAB	RICATION P	ROCESS THEREF	OR		
	тс	THE COMMI	SSIONER FO	OR PATENTS			
Transmitted here				• •			
The fee has beer	n calculated an						
	Claims	CLAIM Highest	S AS AMENI	DED			
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	12	- 20 =		×			
Independent Claims	2	- 3 =		х			
Multiple Depend	lent Claims (ch	eck if applicabl	e)				
Other fee (please specify): Extension for response within third month; Request for continued examination (RCE) (see 37 CFR 1.114)					1,920.00		
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:		1	,920.00	
x Large Entity				Small Entity			
No additiona	al fee is require	d for this amer	ndment.				
		***************************************		n the amount of \$ _	1,920.		
A check in the	ne amount of \$		to cover	the filing fee is enc	losed.		
Payment by	credit card. F	orm PTO-2038	is attached.				
	r is hereby auth d below. A dur		_	: Deposit Account N	o. <u>18-</u>	-0013	
	ny ove rp aymei		tillo officet io t	s,iologea.			
			on processing	fees required under 3	37 CFR 1.1	6 and 1.17.	
(all x	k			Dated:	April 10,	2009	
Carl Schaukow Attorney/Agent		211		 			
RADER, FISHM 1233 20th Stree Suite 501 Washington, Do (202) 955-3750	MAN & GRAUE et, N.W. C 20036						
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AMERICAN TRANSMITTAL LETTER					Docket No. ISH-0246	
Application 09/600,888-Co		Filing I August 1		_ · · · · · · · · · · ·		Art Unit 2893
Applicant(s): King						
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	TC	THE COMMI	SSIONER FO	OR PATENTS		
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	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims Independent	12	- 20 =		×		
Claims	2	- 3 =		×		
Multiple Depend	ent Claims (ch	eck if applicabl	e)			
Other fee (please specify): Extension for response within third month; Request for continued examination (RCE) (see 37 CFR 1.114)						1,920.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						1,920.00
X Large Entity Small Entity No additional fee is required for this amendment. X Please charge Deposit Account No.						
Carl Schaukowi Attorney/Agent RADER, FISHM 1233 20th Stree Suite 501 Washington, DO (202) 955-3750	Reg. No.: 29, IAN & GRAUE et, N.W.			Dated:	April 10	9, 2009